



Figure 3.—The postoperative photograph illustrates the size of the skin graft necessary to close the wound. Wide surgical excision of the beryllium granuloma is mandatory.

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Treatment of Diabetes Insipidus with Propylthiouracil

Report of a Case

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THE work of Mahoney and Sheehan¹ showing the abolition of experimentally produced polyuria and polydipsia in dogs by total thyroidectomy and the reestablishment of the symptoms following orally administered desiccated whole thyroid gland, suggested the use of a thyroid-inhibiting drug, propylthiouracil, in the treatment of this syndrome.

CASE REPORT

A white woman, 48 years old, who for two years had had severe headaches frequently accompanied by nausea and vomiting, had been admitted several times to the hospital with a diagnosis of migraine. These attacks responded more or less well to the usual therapeutic measures, and the patient was able to leave the hospital after three or four days on each occasion. Quite abruptly insatiable thirst developed and the patient urinated as often as every 15 minutes. Upon physical examination no abnormality was noted. The 24-hour volume of urine was in excess of 4,000 cc. and the specific gravity was very low. Treatment with Pitressin[®] tannate in oil relieved the polyuria and polydipsia for from 18 to 36 hours. The 24-hour output fell to less than 1,800 cc., and the specific gravity rose to more normal levels. Each dose of Pitressin[®] or Pituitrin[®], which also was given, was followed by headaches, nausea and vomiting.

Propylthiouracil was given in a dose of 150 mg. daily. After three days the patient had no headache, nausea, vomiting, thirst, or frequency of urination. With no other medication than propylthiouracil the patient was symptom-free for 12 weeks except for two brief periods in which the drug was omitted and polyuria and polydipsia promptly recurred. While taking propylthiouracil the patient urinated only once every five or six hours; the specific gravity of the urine was greater than 1.015, and the 24-hour output was less than 1,800 cc.

Propylthiouracil was discontinued after five months, and at last report six weeks later there had been no recurrence of polyuria or polydipsia.

SUMMARY

Polyuria and polydipsia developed suddenly in a patient who had been hospitalized several times with severe headaches, nausea and vomiting. Temporary remission of the polyuria and thirst was obtained with Pitressin[®], but each dose was followed by headache and nausea.

Propylthiouracil, 150 mg. daily, was given, and after three days all symptoms abated. With no other medication the patient was symptom-free for the next 12 weeks save for two brief periods when the drug was omitted and polyuria and polydipsia promptly recurred. The drug was finally discontinued after five months; and the patient, when last observed six weeks later, had had no recurrence of excessive urination or thirst.

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